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PTO/SB/05 (4/98)
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.	UF-232XC1
	First Inventor or Application Identifier	Jane E. Polston
	Title	Materials and Methods for Producing Geminivirus Resistant Plants
	Express Mail Label No.	EK318905915US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (3 pages) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages 21] - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3] 4. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) (unsigned) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).		5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Attorney (when there is an assignee) <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) * Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) 13. <input checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 14. <input type="checkbox"/> Other: _____ 15. <input type="checkbox"/> Other: _____		
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16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____
 Prior application information: Examiner _____ Group / Art Unit: _____
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

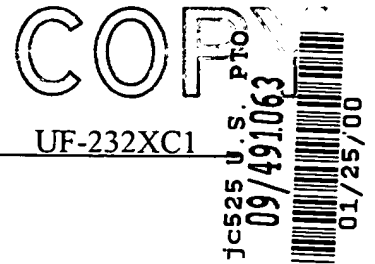
17. CORRESPONDENCE ADDRESS

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Signature		Date	Jan. 25, 2000

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DOCKET NO. UF-232XC1**FEE TRANSMITTAL FORM**

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the patent application of:

Inventor(s): Jane E. Polston, Ernest Hiebert, Ahmed M. Abouzid, Wayne B. HunterEntitled: Materials and Methods for Producing Geminivirus Resistant Plants

- ☒ A Utility Patent Application Transmittal Form accompanies this Fee Transmittal Form.
☒ The Filing Fee is calculated below:

CLAIMS AS FILED				
	Number filed	Number Extra	Rate	Fee
Basic Fee			\$345.00	\$345.00
Total Claims	18 - 20 =	0	x \$9	\$ 0.00
Independent Claims	3 - 3 =	0	x \$39	\$ 0.00
Presentation of Multiple Dependent Claim(s) (\$130)				\$ 0.00
Total Filing Fee				\$345.00

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☒ The Commissioner is hereby authorized to charge any additional filing fees which may be required, or credit any overpayment, to Deposit Account No. 19-0065. A duplicate copy of this sheet is enclosed.
☒ This application is being mailed by Express Mail under 37 CFR 1.10 and the required certificate appears below.

January 25, 2000
Date

Attorney of Record

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